

TRANSMITTAL FORM

Attorney Docket No.

AUS9-2001-0114US1/2065P

In re the application **Raymond L. HICKS et al.**Confirmation No: **5644**Serial No: **09/820,458**Group Art Unit: **2114**Filed: **March 29, 2001**Examiner: **Lohn, Joshua A.**For: **METHOD AND SYSTEM FOR FAULT ISOLATION METHODOLOGY FOR I/O UNRECOVERABLE, UNCORRECTABLE ERROR**

ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input checked="" type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input checked="" type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input checked="" type="checkbox"/>	8 Sheets of Formal Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input checked="" type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input checked="" type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

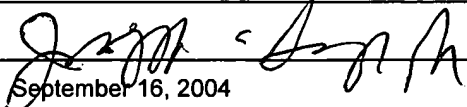
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	0	0	\$18.00	\$ 0.00
Independent Claims	0	0	0	\$86.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ 1630.00 to Deposit Account No. 09-0447 (IBM Corporation) for payment of fees. Issue Fee \$1330.00; Publication Fee \$300.00
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0447 (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	September 16, 2004